Image# 28931507134

FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	(See instruction	_	Office use only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5
American Podia	tric Medical Association Politic	cal Action Committee	
	<u> </u>	<u> </u>	<u> </u>
ADDRESS (number and stre	et) 9312 Old Georgetow	n Road IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
(Check if address is changed)	Bethesda		MD 20814 _ 1698
		CITY	STATE▲ ZIP CODE ▲
fbfrankfort@apn			
<u> </u>			
COMMITTEE'S WEB PA	GE ADDRESS (URL)		
COMMITTEE'S FAX NUMBER 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
0.5	07 2008		
3. FEC IDENTIFICATION	ON NUMBER	C C00008839	
4. IS THIS STATEMEN	NT NEW (N) OR	X AMENDED (A)	
I certify that I have examined	d this Statement and to the best of my kno	owledge and belief it is true, correct ar	nd complete
Type or Print Name of Tro	easurer Dr. Barney Gree	nberg, DPM	
Signature of Treasurer	Electronically Filed by <b>Dr. Barne</b>	y Greenberg, DPM	Date 0.5 / 0.7 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false	·	y subject the person signing this Stat	tement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS
Office Use Only FE3AN042.PDF		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

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5.	TYPE OF CO	MMITTEE (Check One)	
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	e candidate
	Name of Candidate		
	Candidate Party Affiliatio	n Office Sought: House Senate President	State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	L	
	(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	(e) X	This committee is a separate segregated fund	
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee.	I fund or party
6. L		Connected Organization or Affiliated Committee  odiatric Medical Association	
_		9312 old Georgetown Road	
	Mailing Addre	ss Liiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	
		Debagds	000141
		Bethesda MD	20814
		CITY▲ STATE ▲	ZIP CODE
	Relationship	authorizing organization	
	Type of Conn		
	Corpo	oration Corporation w/o Capital Stock Labor Organia	zation
	Mem	bership Organization X Trade Association Cooperative	

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W	Vrite or Type Committee Name	)		
	American Podiatric M	edical Association Political Action	Committee	
7. <b>Custodian of Records:</b> Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.				
	Full Name Mr. E	Benjamin Wallner		
	Mailing Address	9312 Old Georgetown	n Road	
		Bethesda	MD	20814 _
	Title or Position ▼	CITY A	STATE <b>▲</b>	ZIP CODE A
	Assistar	nt Director,	Telephone number	581           9231 – –
3.	name and address of ar	ne and address (phone number option ny designated agent (e.g., assistant tre		nittee; and the
	or reasoner	2651 Hollywood Blvd		
	Mailing Address		-	
		Hollywood	FL	33020 _ 4840
	Title or Position ♥	CITY A	STATE.	ZIP CODE A
	Podiatris	st	Telephone number 954	923 1800
	Full Name of Designated Agent Trace	ey Henley		
	Mailing Address	АРМА		
		9312 Old Georgetown	n Road	
		Bethesda		20814 –
	Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A
	PAC Ma	nager	Telephone number 301	581 9237

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9.	Banks or Other D	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds account or maintains funds.	nts, rents
	Name of Bank, De	pository, etc.	
		Wachovia Financial Center Bethesda	
	Mailing Address	7901 WISCONSIN AVE	
		Bethesda MD 208	<b>314</b>   _
		CITY A STATE A ZII	P CODE A
	Name of Bank, De	pository, etc.	
	Mailing Address		
			1 1 1 1 1

CITY 🔼

STATE **△** 

ZIP CODE 🛕

## Image# 28931507138

Form/Schedule:**F1A**Transaction ID:

Changes to Board structure - new Treasurer is Barney Greenberg, DPM of Hollywood, Florida. Name change effective immediately to American Podiatric Medical Association Political Action Committee, or APMAPAC.